

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11045

State File No.

FILED APR 12 1954		REG. DIST. NO. 378		PRIMARY REG. DIST. NO. 4553		Registrar's No. 18	
1. PLACE OF DEATH a. COUNTY <u>Wright</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>			
b. CITY OR TOWN <u>mtn Grove</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>mtn Grove</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <u>220 Oak St. 1140</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>James</u>		b. (Middle) <u>W.</u>		c. (Last) <u>Letricke</u>	
4. DATE OF DEATH		(Month) <u>Mar</u>		(Day) <u>23</u>		(Year) <u>1954</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb 26, 1892</u>	
9. AGE (In years last birthday) <u>62</u>		10. MONTHS <u>0</u>		11. DAYS <u>27</u>		12. IF UNDER 1 YEAR Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY?	
<u>cheese maker</u>		<u>Blanche, Mo</u>		<u>U.S.</u>			
13a. FATHER'S NAME <u>Washington Letricke</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Herring</u>		14. NAME OF HUSBAND OR WIFE <u>Artie Letricke</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Artie Letricke mtn Grove, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>18 hours</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>March 22, 1954</u> , to <u>March 23, 1954</u> , that I last saw the deceased alive on <u>March 23, 1954</u> , and that death occurred at <u>3:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. Mitcheum</u>				23b. ADDRESS <u>DO. 2 mtn. Grove, Mo.</u>		23c. DATE SIGNED <u>3-24-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3-25-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest</u>		24d. LOCATION (City, town, or county) (State) <u>mtn Grove, Mo</u>	
DATE REC'D BY LOCAL REG. <u>3-24-54</u>		REGISTRAR'S SIGNATURE <u>A.G. Ames</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Grable W. W. W. mtn Grove, Mo</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 2 1958

APR 22 1958

Date Filed 4-10-54

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Frank Grable*

Licensed Embalmer No. *4146*

P. O. Address *Santa Rosa*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.